

## CERTIFICATE OF DEATH

| BIRTH NO.                      |  | 1. PLACE OF DEATH  |  | B. LENGTH OF STAY  |  | 2. USUAL RESIDENCE   |  | REGISTRAR'S NO.   |  |
|--------------------------------|--|--|--|--|--|--|--|---|--|
| 09                             |  | A. COUNTY <u>Cochise</u>   |  | IN THIS TOWN <u>48 Yrs</u> IN ARIZONA <u>48 Yrs</u>  |  | A. STATE <u>Arizona</u> B. COUNTY <u>Cochise</u>                     |  | 90  |  |
| OF DEATH                       |  | C. CITY OR TOWN <u>Bakerville</u>  |  | <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS        |  | C. CITY OR TOWN <u>Bakerville</u>                                    |  | <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS |  |
| AND 98                         |  | D. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 Pittsburg Ave</u>   |  | (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)                                   |  | D. STREET ADDRESS <u>205 Pittsburg Ave</u>                           |  | (IF RURAL, GIVE LOCATION)   |  |
| RESIDENCE                      |  | 3. NAME OF DECEASED (TYPE OR PRINT) <u>Hulda Margaret JOHNSON</u>  |  | A. (FIRST) B. (MIDDLE) C. (LAST)   |  | 4. SEX <u>Female</u> 5. COLOR OR RACE <u>White</u>                   |  | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>                          |  |
| CEDENT 3                       |  | 6B. NAME OF SPOUSE <u>-</u>  |  | 7. DATE OF BIRTH <u>July 26 1888</u>   |  | 8. AGE (IN YEARS LAST BIRTHDAY) <u>67</u>                            |  | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Housewife</u>   |  |
| PERSONAL DATA 167              |  | 9B. KIND OF BUSINESS OR INDUSTRY <u>at home</u>  |  | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Sweden</u>  |  | 11. CITIZEN OF WHAT COUNTRY? <u>USA</u>                              |  | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>No</u>                    |  |
| 9                              |  | 14A. FATHER'S NAME <u>Hans O. Johnson</u>  |  | 14B. BIRTHPLACE (STATE OR COUNTRY) <u>Sweden</u>   |  | 15A. MOTHER'S MAIDEN NAME <u>Elizabeth M. Clivson</u>                |  | 13. SOCIAL SECURITY NO. <u>526-48-9205</u>  |  |
| 055                            |  | 16. INFORMANT'S SIGNATURE <u>Merrel Johnson (Son)</u>  |  | ADDRESS <u>404 S. 3rd Ave Phoenix, Arizona</u>   |  | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>October 22 1955</u>        |  | 15B. BIRTHPLACE (STATE OR COUNTRY) <u>Sweden</u>  |  |
| CAUSE OF DEATH                 |  | 18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.   |  | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH                                     |  |   |  |
| TEM 18) 0                      |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.  |  | (A) <u>ANAXIZ</u>  |  | (B) <u>Medullary Failure</u>   |  | <u>10 minutes</u>   |  |
| RATIONS, 4                     |  | II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.  |  | DUE TO (C) <u>Cerebral Hemorrhage</u>  |  |  |  |   |  |
| JTOPSY 4                       |  | PLACE DISEASE CONTRACTED.  |  | 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION                                     |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                |  |
| MEDICAL 1                      |  | 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>10/22/55</u> , 19 <u>55</u> , TO <u>10/22</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Never</u> , 19 <u>55</u> , AND THAT DEATH OCCURRED AT <u>9:50 A</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. |  | 22A. SIGNATURE (DEGREE OR TITLE) <u>Nelson L. Myer, D.O.</u>   |  | 22B. ADDRESS <u>Box 168 San Jose Br. Bisbee Ariz</u>                 |  | 22C. DATE SIGNED <u>10/22/55</u>  |  |
| DEATH DUE TO EXTERNAL VIOLENCE |  | 23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)   |  | 23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)               |  | 23C. (CITY OR TOWN) (COUNTY) (STATE)                                 |  |   |  |
| CORONER'S 2                    |  | 23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY  |  | 23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 23F. HOW DID INJURY OCCUR?   |  |   |  |
| FICATION 2                     |  | 24A. CORONER'S SIGNATURE   |  | 24B. ADDRESS   |  | 24C. DATE SIGNED   |  |   |  |
| GENERAL 08                     |  | 25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> DATE <u>10/27/55</u>   |  | 25C. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>   |  | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Bisbee, Arizona</u> |  |   |  |
| DIRECTOR 2                     |  | 26A. DATE REC. BY LOCAL REG. <u>10-22-55</u>   |  | 26B. REGISTRAR'S SIGNATURE <u>Margaret J. McLeary</u>  |  | 27A. FUNERAL DIRECTOR'S SIGNATURE <u>Fred E. Parker</u>              |  | 27B. MORTUARY <u>HUBBARD'S MORTUARY 74 MAIN STREET BISBEE, ARIZ.</u>                            |  |